



112603

13281 U.S. PTO

Please type a plus sign (+) inside this box → ☒PTO/SB/50 (08-00)  
Approved for use through 12/30/2000. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

17513 U.S. PTO  
10/722167

112603

## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	<b>Attorney Docket No.</b>	101-R001
	<b>First Named Inventor</b>	Yong-hwan PARK
	<b>Original Patent Number</b>	6,324,373
	<b>Original Patent Issue Date (Month/Day/Year)</b>	11/27/2001
	<b>Express Mail Label No.</b>	

<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box)	<input checked="" type="checkbox"/> <b>Utility Patent</b>	<input type="checkbox"/> <b>Design Patent</b>	<input type="checkbox"/> <b>Plant Patent</b>
--	---	---	--


APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/ SB/ 56)</b> (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbonded Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)	14. Other:

<b>15. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 38209 or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
Name Stanzione & Kim, LLP					
Address 1740 N Street, N. W., 1st Floor					
City	Washington	State	DC	Zip Code	20036
Country	USA	Telephone	202 775 1900	Fax	202 775 1901

<b>NAME</b> (Print/Type)	Patrick J. Stanzione	<b>Registration No. (Attorney/Agent)</b>	40434
<b>Signature</b>		<b>Date</b>	November 26, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 101-R001		
Claims as Filed - Part 1								
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
			Rate	Fee		Rate	Fee	
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 31	**** 11 =	x \$ ____ = 0	or	x \$ 18 =	198	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 7	* 3 =	x \$ ____ = 0		x \$ 86 =	258	
Basic Fee (37 CFR 1.16(h)) \$ ____							\$ 770	
Total Filing Fee \$ 0						OR	\$ 1,226	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =	0		x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =	0		x \$ ____ =
Total Additional Fee						\$ 0	OR	\$ 0
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,226.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><u>11/26/2003</u> Date</p> </div> <div style="width: 60%; text-align: center;">               Signature of Applicant, Attorney or Agent of Record  <u>Patrick J. Stanzione</u>              Typed or printed name           </div> </div>								